

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POLYAMIC ACID VARNISH COMPOSITION AND A FLEXIBLE PRINTED BOARD

described and claimed in the specification:

Check one

- *a. ☒ attached hereto.
b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

Japanese Patent Application No.11-360041 filed on December 17, 1999

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and
Edward P. Walker, Reg. No. 31,450.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor	Noriaki	<i>Noriaki Kudo</i>	KUDO
		Given Name	Middle Initial	Family Name
2	"Inventor's Signature			
3	"Date of Signature	15. Nov. 2000		
		Month	Day	Year
	Residence	Kanuma-shi	Tochigi	Japan
		City	State or Province	Country
	Citizenship	Japan		
	Post Office Address	c/o SONY CHEMICALS CORP.		
	(Insert complete mailing address, including country)	12-3, Satsuki-cho, Kanuma-shi, Tochigi 322-8502 Japan		

"This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

"Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

1	Typewritten Full Name of Third Joint Inventor (if any)			
	Given Name	Middle Initial	Family Name	
2	"Inventor's Signature			
3	"Date of Signature			
	Month	Day	Year	
	Residence	City		State or Province
				Country
	Citizenship			
	Post Office Address			
	(Insert complete mailing address, including country)			

Type/written Full Name
of Fourth Joint
Inventor (if any) _____

Given Name	Middle Initial	Family Name
_____ "Inventor's Signature	_____ "Date of Signature	_____ Month
_____ Day	_____ Year	_____ Residence
_____ City	_____ State or Province	_____ Country
_____ Citizenship	_____ Post Office Address	_____ (Insert complete mailing address, including country)

1	Typewritten Full Name of Fifth Joint Inventor (if any)		
	Given Name	Middle Initial	Family Name
2	"Inventor's Signature		
3	"Date of Signature		
	Month	Day	Year
	Residence		
	City	State or Province	Country
	Citizenship		
	Post Office Address		
	(Insert complete mailing address, including country)		

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.